



June 26, 2014

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of James Valley Cooperative Telephone Company
Study Area Code 391664

Dear Secretary:

On behalf of James Valley Cooperative Telephone Company ("James Valley"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. James Valley seeks confidential treatment under the FCC's Protective Order for the information filed pursuant to Section 54.313(f)(2) of the Commission's regulations¹. James Valley also seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1). The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Heath Koth
Telco Consultant
Phone: (605) 995-1832
Fax: (605) 995-1778
Heath.Koth@Vantagepnt.com

Enclosure(s)

cc: Tanya Berndt, Chief Financial Officer, James Valley Cooperative Telephone Company
Charles Tyler, Telecommunications Access Policy Division

¹ *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order).

<010> Study Area Code	391664
<015> Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Tanya Berndt
<035> Contact Telephone Number: Number of the person identified in data line <030>	6057251073 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	tanyab@nvc.net

ATTACHED DOCUMENTS

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	391664
<015>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

391664SD112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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[illegible]

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	391664
<015>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020>	Program Year	2015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

[illegible]

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<010>	Study Area Code	391664
<015>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
<810>	Reporting Carrier	James Valley Cooperative Telephone Company
<811>	Holding Company	
<812>	Operating Company	James Valley Cooperative Telephone Company

[illegible]



<010>	Study Area Code	391564
<015>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)



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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@ncv.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐



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<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans



Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒



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<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- | | | |
|--------|--|--------------------------|
| <2010> | 2nd Year Certification {47 CFR § 54.313(b)(1)} | <input type="checkbox"/> |
| <2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)} | <input type="checkbox"/> |

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- | | | |
|--------|--|--------------------------|
| <2012> | 2013 Frozen Support Certification | <input type="checkbox"/> |
| <2013> | 2014 Frozen Support Certification | <input type="checkbox"/> |
| <2014> | 2015 Frozen Support Certification | <input type="checkbox"/> |
| <2015> | 2016 and future Frozen Support Certification | <input type="checkbox"/> |

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- | | | |
|--------|---|--------------------------|
| <2016> | Certification Support Used to Build Broadband | <input type="checkbox"/> |
|--------|---|--------------------------|

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- | | | |
|--------|---|--------------------------|
| <2017> | 3rd year Broadband Service Certification | <input type="checkbox"/> |
| <2018> | 5th year Broadband Service Certification | <input type="checkbox"/> |
| <2019> | Interim Progress Certification | <input type="checkbox"/> |
| <2020> | Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | |

- | | |
|--------|--|
| <2021> | Interim Progress Community Anchor Institutions |
|--------|--|

Name of Attached Document Listing Required Information

<010>	Study Area Code	391664
<015>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No) ☒ Yes ☒ No

(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ Yes ☒ No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☒

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

391664SD3017.pdf, 391664SD3017.xls

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☒ Yes ☒ No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information



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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: JAMES VALLEY COOPERATIVE TEL. CO.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/20/2014
Printed name of Authorized Officer: James Groat	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 6053972323 ext.	
Study Area Code of Reporting Carrier: 391664	Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



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<039> Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

REDACTED - FOR PUBLIC INSPECTION

<010>	Study Area Code	391664
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<711>

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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[illegible]

JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

Form 481

Study Area 391664

Line 112

The attachment is redacted in entirety.

CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

Reporting Period January 1 – December 31, 2013

Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients, James Valley Cooperative Telephone Company hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. James Valley Cooperative Telephone Company follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Customer privacy notice information is attached. James Valley Cooperative Telephone Company has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 16, 2014.

A handwritten signature in black ink, appearing to read "James Groft", is written over a horizontal line.

James Groft, CEO

James Valley Cooperative Telephone Company

**Important Notice Regarding Your Account
OPT-OUT CPNI NOTICE**

James Valley Telecommunications respects your privacy and observes the privacy rules established by the Federal Communications Commission, the South Dakota Public Utilities Commission and other telecom oversight agencies. One of these privacy rules requires that we notify you every two years of the potential use of your Customer Proprietary Network Information (CPNI) for certain purposes.

CPNI consists of the call, service and billing records regarding your use of the telecommunications services that you purchase from us (e.g., the telephone numbers you call; the frequency, timing and duration of your calls; and the telecommunications and information services you purchase). JVT will never sell your account information or provide details of your telephone calls to other parties, unless required by law enforcement.

JVT is requesting your approval to use your CPNI for the following purposes only: to notify you from time to time of additional products and services available from JVT outside the existing business relationship we currently have with you. For example, if you have our local voice service, you may be interested to learn about specials on our video or cellular services. However, you have the right to be excluded from these marketing campaigns.

If it is acceptable to receive information about additional products and services, you need do nothing further. Your approval will be deemed to have been granted thirty-three (33) days after this notice was sent to you.

If you prefer to be excluded from these marketing efforts, please complete, sign and return the form below with your monthly payment, and we will remove you from all targeted marketing efforts. You may also fax the form to JVT at 397-2350, call JVT's business office at 397-2323 during regular business hours (or by dialing 611 from your home phone) or email us at marketing@nvc.net within 30 days of your receipt of this notice stating you wish to be excluded from marketing efforts using your CPNI. Your JVT service will not be impacted by this notification.

I have read this **OPT-OUT CPNI NOTICE**, and **DO NOT** approve of the proposed use of CPNI for the customer account specified below.

Customer Name _____

Billing Address _____

Signature _____

Date _____ Phone Number (s) _____

**JAMES
VALLEY**
* TELECOMMUNICATIONS *

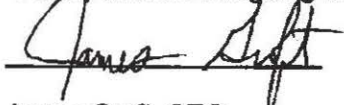
CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

Reporting Period January 1 – December 31, 2013

Sec. 54.313(a)(6) Ability to Function in an Emergency Situation

Pursuant to § 54.313(a)(6) for High-cost Recipients, James Valley Cooperative Telephone Company hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). James Valley Cooperative Telephone Company is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. James Valley Cooperative Telephone Company has backup battery (or equivalent power) reserve in its central office, which enables it to provide service for a reasonable period of time if external power is lost. James Valley Cooperative Telephone Company's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. James Valley Cooperative Telephone Company has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 16, 2014.



James Groft, CEO

James Valley Cooperative Telephone Company

CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

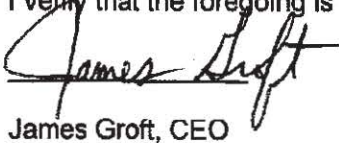
Reporting Period January 1 – December 31, 2013

47 CFR 54.313(a)(10) - Voice Services Rate Comparability

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

On March 20, 2014, the WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$20.46. This was also published in the FCC's Report and Order, Declaratory Ruling, Order, Memorandum Opinion and Order, Seventh Order on Reconsideration, and Further Notice of Proposed Rulemaking Adopted April 23, 2014 and Released June 10, 2014. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2014 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 16, 2014.



James Groft, CEO

James Valley Cooperative Telephone Company



Lifeline Assistance Application and Certification Form

Company Name: **James Valley Telecommunications**

SPIN: 143002236

(Please Print or Type)

Last Name: _____ First Name: _____ MI: _____

Residential Address *(Do not use a P.O. Box address)*: _____

City: _____ State: _____ ZIP: _____

Is your residential address a permanent address? Yes _____ No _____

Billing Address *(If different from residential address)*: _____

City: _____ State: _____ ZIP: _____

Social Security Number: _____ *(If you are a member of a Tribal nation and do not have a social security number, you may provide your Tribal identification number.)*

Date of Birth: _____

Telephone Number: _____ *(if existing service)*

Telephone number where you can be reached or receive messages: _____

Are you currently receiving Lifeline assistance through any other telephone provider? Yes _____ No _____

I am applying for: _____ Lifeline *(\$9.25/monthly service discount for Landline Phone)*

_____ Toll Limitation Service *(free toll blocking or toll control)*

Please check all that apply and provide documentation to prove eligibility.

I, one or more of my dependents, or my household currently participates in one or more of the following programs:

- ☐ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)
☐ Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)
☐ Supplemental Security Income (SSI)
☐ Federal Public Housing Assistance (Section 8)
☐ Low-Income Energy Home Assistance Program (LIHEAP)
☐ Temporary Assistance for Needy Families (TANF)
☐ National School Lunch Program's Free Lunch Program
☐ OR My household income is at or below 135% of the Federal Poverty Guidelines. The number of individuals in my household is: _____.

If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below).

2014 Federal Poverty Guidelines – 135%

Household Size		Household Size	
1	\$15,755	5	\$37,679
2	\$21,236	6	\$43,160
3	\$26,717	7	\$48,641
4	\$32,198	8	\$54,122

For each additional person after 8, add \$5,481 to the annual guideline.

Source: Federal Register, Vol. 79, No. 14, January 22, 2014, pp. 3593-3594

Important Information

You will be required to provide documentation of eligibility. Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.

Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

I give JVT permission to release to the Universal Service Administration Company (USAC) or its agent any records required to confirm that my household receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies and I will have to select one service and I will be de-enrolled from the other.

Initial here _____

I certify, under penalty of perjury, that:

- (1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 54.409. I have provided documentation of eligibility if required to do so;
- (2) I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- (3) If I move to a new address, I will provide that new address to the telephone company within 30 days;
- (4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- (5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- (6) The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.
- (7) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. § 54.405(e)(4);
- (8) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- (9) The information contained in this application and certification form is true and correct to the best of my knowledge.

Signature

Date

Provide the completed application and certification form to your phone company. Your telephone company will contact you for any additional information needed to prove eligibility.

For more information about Lifeline, see www.PUC.SD.gov/Lifeline

Please return this application and all documentation to:

James Valley Telecommunications
PO Box 260 - 235 E 1st Ave Groton, SD 57445
605-397-2323 or 1-800-556-6525

Office Use Only

Employee Signature

Date

Form(s) used to determine eligibility

JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

Form 481

Study Area 391664

Line 3017

The attachment is redacted in entirety.